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Michael R. Kr Fulbright & Jaw Suite 2400	vorski L.L.P.	nically	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being resemble transmitted to the USPTO (571) 273-2885, on the date indicated below.				
600 Congress Avenue Austin, TX 78701				CHARLES P. LANDRUM		(Depositor's name)	
,			(Q.X.~			(Signature)	
			NOVEMBER 24, 2009		2009	(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/664,423 09/17/2003 Guy A. Rouleau GOL						OUD:023USD2	3952
FITLE OF INVENTION: NUCLEIC ACIDS ENCODING SODIUM CHANNEL SCNIA ALPHA SUBUNIT PROTEINS WITH MUTATIONS ASSOCIATED WITH EPILEPSY							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID IS	SUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	11/24/2009
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	38			
KOLKER, DANIEL E		1649	435-006000				
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☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 JAWORSKI L.L.P.				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
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MCGILL (	UNIVERSITY		MO	NTREAL,	QUEBE	C, CANADA	
lease check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	☐ Individual <b>X</b>	Corporation	on or other private gro	oup entity Government
a. The following fee(s) are submitted:  *** Issue Fee  *** Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  A payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1212 enclose an extra copy of this form).				
_ ` .	tus (from status indicated	l above)					
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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**NOVEMBER 24, 2009** 

46,855

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